Attorney Docket No.

## BIRCH, STEWART, KOLASCH & BIRCH, LLP 0879-0310P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	I	MAGE DAT	'A TRANSMITTIN	G DEVICE	AND METHOD	)			
Fill in Appropriate Information -	the specification	was filed on _	l hereto. If not attached here				as		
For Use Without	United States A	pplication Num	ber				;		
Specification	and amended of	n				(if applicable)	and/or		
Attached:	International A	oplication Num	her	<del></del>			_asrC1		
	International Application Number; and was amended under PCT Article 19 on (if applicable)						plicable)		
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.								
their start that the find their	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patentied or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application; that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.								
2312	I hereby claim : or inventor's certifica	foreign priority ate listed below	benefits under Title 35, Un and have also identified bel ation on which priority is c	ited States Code, low anv foreign at	\$119(a)-(d) of any for patent	oreign application or inventor's cert	n(s) for patent ificate having		
es aces	Prior Foreign App	lication(s)				Priority C	Claimed		
Insert Priority	No.2000-1133		nan	April 1	4. 2000	, marcon			
Information:					<del></del>	<b>X</b>	U V:		
(if apprepriate)	(Number)	(Country	у)	(Month/Day/	rear rued)	Yes	No		
# CE									
8 · 6	(Number)	(Country	y)	(Month/Day/	'Year Filed)	Yes	No		
5 4 <i>3</i> 4 44									
The second secon	(Number)	(Countr	y)	(Month/Day/	Year Filed)	Yes	No		
						П			
	(Number)	(Countr	v)	(Month/Day/	/Year Filed)	Yes	∐ No		
	` ,			•	•				
	I hereby claim the be	enefit under Titl	e 35, United States Code, §1	.19(e) of any Unite	ed States provisional	applications(s) li	sted below.		
Insert Provisional									
Application(s): (if any)	(Application Number	er)		(Filing Da	ite)				
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number		Date of Filing (Mon	nth/Day/Year)			
Insert Requested Information: (if appropriate)									
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): if any)	(Application Numb	er)	(Filing Date)		(Status - patented, 1	pending, abandon	ned)		
2: 1 - 60	(Application Numb	er)	(Filing Date)	<del></del>	(Status - patented, )	pending, abandon	ned)		

Attorney Docket No. 0879–0310P

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C Stewart

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
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Residence (City, State & Country)	CITIZENSHIP							
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)								
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Residence (City, State & Country)		CITIZENSHI	P					
POST OFFICE ADDRESS (Complete Street Addre	ess including City, State & Country)	)						
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
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Residence (City, State & Country)		CITIZENSHI	P					
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)								
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Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHI						

Full Name of First or Sole inventor: Insert Name of Inventor — Insert Date This Document is Signed Insert Residence Insert Citizenship Insert PosFOffice Address Full Name of Second Inventor, if any:

PLEASE NOTE: YOU MUST

COMPLETE FOLLOWING: iy l

Inventor, if any: see above

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Full Name of Fourth all Name or . . . Inventor, if any: see above

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\*DATE OF SIGNATURE